

DEC 07 2004

VIA FACSIMILE: 703/872-9306

Atty. Docket No. PLA13 P-300

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2834  
Applicant : Steve Anderson Platt  
Appln. No. : 09/981,231  
Filing Date : October 17, 2001  
Confirmation No. : 5580  
For : WIND POWERED GENERATOR

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:


CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims as Amended (in duplicate, 4 pages)
2. Response (48 pages)

YOU SHOULD RECEIVE A TOTAL OF 53 PAGES.

December 7, 2004  
Date

  
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 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a response to the Office Action mailed October 13, 2004 in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*73	Minus	**73	=0	x \$9	\$0	x \$ 18	\$
Independent Claims	*15	Minus	***14	=1	x \$44	\$44	x \$ 88	\$
First Presentation of Multiple Dependent Claims \$150						\$0	x \$300	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$44		\$

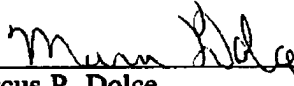
Applicant : Steve Anderson Platt  
Appln. No. : 09/981,231  
Page : 2

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional fee is required.
3. ☒ A fee in the amount of \$44.00 is due.
4. ☒ Please charge any fees or credit overpayment to Deposit Account No. 16 2463.  
A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,  
DEWITT & LITTON, LLP

12/7/04  
Date

  
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MPD/msj

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Alexandria, Virginia 22313-1450

Dear Sir:

RESPONSE

In response to the Office Action mailed October 13, 2004, Applicant responds as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 27 of this paper.